

OUT OF STATE PLACEMENT AGREEMENT

I, \_\_\_\_\_, CDC number \_\_\_\_\_, of my own free will and accord, do hereby agree to accept transfer from an institution of the California Department of Corrections and Rehabilitation to an institution located in another state in the United States of America or one operated by the government of the United States of America.

I understand that I may not revoke this consent after I am transferred to an out of state institution until five years from the date of such transfer. If I revoke my consent after that time, I will be returned to a California institution within 30 days of such revocation.

I am aware of my right to private consultation with an attorney of my choice concerning my rights and obligations under Penal Code 11191 and/or Penal Code 2911 prior to consenting to transfer. If I cannot afford an attorney, I may speak with a public defender instead.

I have exercised my right to speak with an attorney. Yes \_\_\_\_\_ No \_\_\_\_\_ (Initial) \_\_\_\_\_

I waive my right to consultation with an attorney. Yes \_\_\_\_\_ No \_\_\_\_\_ (Initial) \_\_\_\_\_

I understand that I am expected to remain in an institution outside of California to which I am transferred until my release unless I am returned to California at the discretion of the California Department of Corrections and Rehabilitation.

I understand that the security, treatment, training, and care for me at the out-of-state institution will be in keeping with the standards for such programs as administered in California. If any administrative hearing conducted by the California Department of Corrections and Rehabilitation while I am housed out of state requires my presence, I hereby consent to my participation in such administrative hearing via telephone.

\_\_\_\_\_ (Initial)

I understand that while I am housed in an out of state facility, I remain obligated to pay any fines and/or fees that I would have been obligated to pay had I remained in a California institution, including but not limited to victim restitution. I understand and hereby consent to the deduction of funds from any trust account managed by the out of state facility in which I am housed for purposes of satisfying such financial obligations.

\_\_\_\_\_ (Initial)

I understand and hereby consent to all my hearings for parole consideration and determination of sentence being conducted on the same basis as if I were in a California institution, with the exception that my participation in all such hearings will be by telephone while I am housed in an out of state facility.

\_\_\_\_\_ (Initial)

I hereby freely, voluntarily, and without promise of reward waive extradition to the State of California from any state or territory of the United States or from the District of Columbia. I hereby agree to not contest any effort to return me to the State of California. This waiver is valid during the period starting from the date of my transfer to an out of state facility until the date that I return to the State of California pursuant to this waiver.

\_\_\_\_\_ (Initial)

Inmate's Signature:		Witness' Signature:
CDC Number:	Date:	Date:

Distribution:  
Inmate's Central File  
Transporting Officer (for the receiving institution)